

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 10 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	Establishment Name SUBWAY #3954  Establishment Address (number and street, city, state, zip code) 3400 Grantline Rd (SuiteD) New Albany, INTO Owner TBD Enterprises, LLC/Deanna Burkhart Owner's Address  Person in Charge Breanna Davis Responsible Person's E-mail  Certified Food Manager Deanna Burkhart (05/21/2020)					Telephone Number 8/2-948-78820 (508)541-5820  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	C Ø	) 09-19 p   Releas	R 4
	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
	• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATION						D IN THE N		
	Section#	C/NC	R	bl same	Narrative	- 120 - 0 -			orrected By
	216	ETO THE MODEL TOOL GOOTEL BOTTING PLED TO THE							ceks
		working. The cooler is not being used							
		and marked not in use until it can be							
		fixed. Work order in place. Observed lobby							
	drink machine not in use.								
243	234 NC Observed single vervice cups not stored in clean, dry Discard								arded
	location. Divided 2 sleever of large cups.								<del>/// 01/000</del>
	324								
	392	NC							
	279	<u> </u>		01 041	, , , , , , , , , , , , , , , , , , , ,				1 1
	777	NC			erronal emple	7 100 1101 0	7	100	lay
	clearly seperated on wive rack above								
				prep table					
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